

NURSING HOME REPLACEMENT OR RENOVATION AUTHORIZATION NOTICE

FOR DEPARTMENT USE ONLY

Date Stamp Here

Fee Received: _____ Check #: _____

Initials _____

The following information will be used to evaluate the conformance of the project with all applicable review criteria contained in RCW 70.38.115, WAC 246-310-044 and WAC 246-310-397.

Replacement/Renovation Authorization Notice must be submitted with a fee in accordance with Washington Administrative Code (WAC) 246-310-990 and the instructions on page 2 of this form.

This Notice is made for a Replacement _____ Renovation _____ Authorization in accordance with provisions in Revised Code of Washington (RCW) 70.38, WAC 246-310-044 and WAC 246-310-397, rules and regulations adopted by the Washington State Department of Health. I hereby certify that the statements made in this notice are correct to the best of my knowledge and belief.

Name of the Nursing Home (facility) being Replaced or Renovated:

Name of the facility's Licensee

Print Name of person making the request

Telephone Number

Title of person making the request

Relationship to licensee

I understand that any evasion or suppression of material facts, misrepresentation, false statements or misleading statements regarding any of the information contained in this notice shall be grounds for actions under the provisions of WAC 246-310-500 and forfeiture of the beds.

Signature of Licensee

Date

Address:

Estimated Capital Expenditure

INVOICE FOR RENOVATION/REPLACEMENT SUBMISSION

1. This form must be accompanied by a check payable to: ***Department of Health*** for the review fee as identified below.
2. Complete the following prior to submission for review:

REVIEW FEE: \$1,136 Effective 11/28/03

3. APPLICANT NAME: _____

DATE OF SUBMISSION: _____ CHECK NUMBER: _____

4. Mail **ORIGINAL**, signed notice and payment to:

**Department of Health
Certificate of Need Program
310 Israel Road
Tumwater, Washington 98501
or
Department of Health
Certificate of Need Program
P O Box 47852
Olympia, Washington 98504-7852**

WASHINGTON STATE CERTIFICATE OF NEED PROGRAM RCW 70.38 AND WAC 246-310

RENOVATION/REPLACEMENT NOTICE REQUIREMENTS

The following information must be provided to the Certification of Need Program in order to evaluate the conformance of the project with the review criteria contained in RCW 70.38, WAC 246-310-044 and WAC 246-310-397.

The notice must be submitted to the department a minimum of thirty days **prior to** commencing the replacement or renovation project.

The definition of “**commencement of the project**” means whichever of the following occurs first: In the case of a construction project, giving notice to proceed with construction to a contractor for a construction project provided applicable permits have been applied for or obtained within sixty days of such notice; beginning site preparation or development; excavating or starting the foundation for a construction project; or beginning alterations, modification, improvement, extension, or expansion of an existing building. (WAC 246-310-010).

The definition of “**Licensee**” means an entity or individual licensed by the Department of Health or the Department of Social and Health Services. For purposes of nursing home projects, licensee refers to the operating entity and those persons specifically named in the license application as defined under chapter 388-97. (WAC 246-310-010).

Note: If the nursing home being replaced is going to close, that closure must not occur until the Replacement Authorization is issued.

Information Requirements:

1. Written documentation that the applicant is the existing licensee and has been for at least one year immediately preceding the replacement/renovation project. Submission of a copy of the nursing home’s current license and the previous year’s license will be sufficient.
2. Submit an affidavit from the applicant (existing licensee) that they intend to be the licensee at the replacement or renovated facility at the project’s completion. This affidavit **must** include a statement that the applicant acknowledges the project can not be completed if the applicant is not the licensee at the time the project is completed except as allowed for under the provisions of RCW 70.38.115(14). (Sample affidavit attached.)
3. Is the existing licensee the building owner? _____Yes _____No. **(if yes, go to question 5)**
4. Does the building owner have a secured interest in the nursing home bed rights? _____Yes _____No. In the event the existing nursing home licensee is not the building owner, the licensee shall provide:
 - a) If the building owner has a secured interest in the bed rights, an **original** written statement signed by the building owner indicating the building owner’s approval of the replacement/renovation. This written approval must also include a statement acknowledging that in the event the licensee is unable to complete the replacement or renovation project, the building owner will only be permitted to complete the project as referenced in RCW 70.38.115(14),
 - OR**
 - b) If the building owner does not have a secured interest in the bed rights, a copy of the notice sent to the building owner by the licensee informing the building owner of the replacement/renovation. This written notice must also include a statement acknowledging that in the event the licensee is unable to complete the replacement or renovation project,

the building owner will only be permitted to complete the project as referenced in RCW 70.38.115(14)

5. The number of beds currently licensed at the nursing home to be replaced or renovated. _____
6. The number of beds proposed to be licensed at the replacement or renovated nursing home. _____ (This figure cannot exceed number of beds identified in number 5.)

7. The site address of the existing nursing home.

Street: _____

City: _____

County: _____

8. The site address of the proposed replacement facility. If the site address of the proposed replacement nursing home is not available, provide the legal description of the property.

Street: _____

City: _____

County: _____

9. **For Replacement projects:** Documentation must be submitted indicating that the nursing home beds being replaced will not be used for nursing home services once the replacement beds are licensed.

10. A projected timeline for completion of the project to include the following:

Activity	Date
Funds necessary to undertake the project obtained	
Preliminary drawings submitted to department of health's consultation and construction review program	
Final drawings and specifications submitted to department of health's consultation and construction review program	
Construction contract awarded	
50% of construction completed (based on dollar value of the construction contract awarded)	
Construction Completed	
Licensure Approval Obtained	
Facility Operating-serving residents	

NOTE: If the above table does not identify correct project events in the renovation/replacement project, please provide a listing of those project events with the projected completion dates. This information is used when evaluating future extension requests.

Sample

STATE OF WASHINGTON
COUNTY OF _____

Affidavit of Name of Person Here

_____, being first duly sworn, on oath deposes and says:

1. I am (*this paragraph tells who you are and what you related to the project for which you are doing the affidavit. For example, you would give your job title, description, etc., and how long you have been in that position and why you are qualified to give this information.*)
2. (*This paragraph is broken down into paragraphs telling what you need to provide to the department for the Replacement Authorization.*)
3. (*This paragraph must be included in the affidavit*)

As the current licensee of the facility to be replaced or renovated, I understand that:

- I must be the licensee at the replaced or renovated facility;
- The project cannot be completed if I do not intend to be the licensee at the replaced or renovated facility; and
- If the building owner does not have a secured interest in the beds, the building owner has been notified and understands that they cannot complete the project if I, as the licensee, am unable to complete the project.

Date: _____ Signature: _____

SUBSCRIBED AND SWORN before me this _____ day of _____, 2004

NOTARY PUBLIC in and for the State
of Washington, residing at _____
My commission expires: _____

(*Must have notary
seal affixed to document*)